



ACB  
FPW

## CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on Nov. 21, 2005.

Anne Antonoff  
Anne Antonoff

In Re Application of:

MeLampy et al. Confirmation No.: 3506  
Serial No.: 09/911,304 Group Art Unit: 2662  
Filed: July 223, 2001 Examiner: Albert T. Chou  
Docket No.: 50115-1070

For: **System and Method for Providing Rapid Rerouting of Real-Time Multi-Media Flows**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal  
Second Response and Amendment  
Check in the amount of \$320.00 for extra claim and one month extension  
Petition for Extension of Time  
Drawing (Replacement Sheet) of Fig. 7

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant: McLampy et al.

Docket No.

50115-1070

Serial No.  
09/911,304Filing Date  
July 23, 2001Examiner  
Albert T. ChouConfirmation No.  
3506Group Art Unit  
2662**Invention: System and Method for Providing Rapid Rerouting of Real-Time Multi-Media Flows****Commissioner for Patents**Mail Stop AF  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is Second Response and Amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30-	44 =	0	X \$50.00	\$0
INDEP. CLAIMS	5-	4 =	1	X \$200.00	\$200.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$360.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$320.00

No additional fee is required.  
 Please charge Deposit Account No. in the amount of . A duplicate copy of this page is enclosed.  
 A check in the amount of \$320.00 to cover the extra claim and one month extension is enclosed.  
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$ .  
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Karen G. Hazzah, Reg. No. 48,472

Nov. 21, 2005

Date